

5

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF

Applicant: RICHARD JAMES AXE ET AL.

Title: OXYGEN SUPPLY SYSTEM

Serial No. 10/537,524

Filing Date June 3, 2005

DESIGNATION OF DOMESTIC REPRESENTATIVE

ECKERT SEAMANS CHERIN & MELLOTT, LLC (Customer Number 003705), whose postal address is 600 Grant Street, 44th Floor, Pittsburgh, Pennsylvania 15219, is hereby designated representative upon whom notice or process in proceedings affecting the above-identified patent application may be served. Please direct all correspondence to Arnold B. Silverman.

Richard James Axe
Richard James Axe

25th OCTOBER 2005
Date

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF

Applicant: RICHARD JAMES AXE ET AL.

Title: OXYGEN SUPPLY SYSTEM

Serial No. 10/537,524

Filing Date June 3, 2005

DESIGNATION OF DOMESTIC REPRESENTATIVE

ECKERT SEAMANS CHERIN & MELLOTT, LLC (Customer Number 003705), whose postal address is 600 Grant Street, 44th Floor, Pittsburgh, Pennsylvania 15219, is hereby designated representative upon whom notice or process in proceedings affecting the above-identified patent application may be served. Please direct all correspondence to Arnold B. Silverman.

Richard Grant Hunt
Richard Grant Hunt
25th OCTOBER 2005
Date

Please type a plus sign (+) inside this box → ☐

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

| | |
|------------------------|----------------------|
| Application Number | 10/537,524 |
| Filing Date | 06/03/2005 |
| First Named Inventor | Richard James Axe |
| Title | OXYGEN SUPPLY SYSTEM |
| Group Art Unit | |
| Examiner Name | |
| Attorney Docket Number | 063030-00079 |

I hereby appoint:

☒ Practitioners at Customer Number
OR

☐ Practitioner(s) named below:

003075

Place Customer
Number Bar Code
Label here.

| Name | Registration Number |
|------|---------------------|
| | |
| | |
| | |
| | |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number

Place Customer
Number Bar Code
Label here

☐ Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Richard Grant Hunt

Signature

Richard Grant Hunt

Date

25th OCTOBER 2005

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of 2 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

| | |
|------------------------|----------------------|
| Application Number | 10/537,524 |
| Filing Date | 06/03/2005 |
| First Named Inventor | Richard James Axe |
| Title | OXYGEN SUPPLY SYSTEM |
| Group Art Unit | |
| Examiner Name | |
| Attorney Docket Number | 063030-00079 |

I hereby appoint:

☒ Practitioners at Customer Number

003075

Place Customer
Number Bar Code
Label here

☐ Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
| | |
| | |
| | |
| | |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number

Place Customer
Number Bar Code
Label here

OR

☐ Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Richard James Axe

Signature

Richard James Axe

Date

25th OCTOBER 2005

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of 2 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.